ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE CREATING A RULE

To create Ins 8.52 (4), Wis. Adm. Code, relating to publication of health insurance rates for small employers.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

Statutory authority: ss. 601.41, 635.05 (7) & 635.12, Stats.

Statutes interpreted: ss. 600.01, 635.05 (7) & 635.12, Stats.

Analysis: Section 635.12, Stats. (2001 Wisconsin Act 16) requires every small employer insurer to annually publish current new business premium rates in the manner and according to catagories required by rule of the commissioner. The purpose of this proposed rule is to comply with this legislative mandate. The commissioner has determined that the most practical method of accomplishing this is to require small employer insurers to annually report their rates to the commissioner based on uniform criteria reported in a consistent format. Therefore the commissioner will provide a form for the small employer insurers to report rates. The form will follow the reporting criteria specified in this rule. The commissioner will publish the information gathered from all small employer insurers in a manner that will assist small employers to readily compare the rates. This publication will, by placing the information on OCI's website and in pamphlet form, be similar to other rate comparison documents currently in use for other forms of insurance. Small employer insurers who file rates with the commissioner as described in this rule will be in compliance with the requirements of s. 635.12, Stats. and need not publish the rates themselves.

SECTION 1. Section Ins 8.52 (4) is created to read:

(4) ANNUAL PUBLICATION OF RATES. (a) On or before December 1, every small employer insurer shall annually file with the commissioner the small employer insurer's lowest available monthly new business premium rates which will be in effect the following January 1. The filing shall be made on a form provided by the commissioner and shall require all of the following information as may apply to the type of plan offered:

- 1. For an indemnity plan, the rates shall be based on the insurer's plan that is closest to a plan that features a \$500.00 annual deductible and 80% / 20% coinsurance.
- 2. For a defined network plan, the rates shall be based on a plan which is actuarially equivalent to the features described in subd. 1.
- 3. For all plans, the rates shall be specified for family and single plans, by group size and by the geographical criteria that are used by the insurer.
- 4. The commissioner may require additional information be provided in the form as appropriate to implement this subsection.

Note: OCI 26-500, the form described in this subsection may be obtained without charge by contacting the Office of the Commissioner of Insurance PO Box 7873, Madison WI. 53707-7873. The form is also available on the OCI website at oci.wi.gov

(b) Small employer insurers who file rates with the commissioner as described in this subsection will be in compliance with the requirements of s. 635.12, Stats.

SECTION. These changes will take effect on the first day of the month after publication, as provided in s. 227.22(2)(intro.), Stats.

Dated at Madison, Wisconsin, this _____ day of September, 2002

Connie L. O'Connell Commissioner of Insurance

FISCAL ESTIMATE WORKSHEET — 2001 Session

Detailed Estimate of Annual Fiscal Effect

LX ORIGINAL ☐ UPDATED		LRB Number	Amendment No. If Applicable
☐ CORRECTED ☐ SUPPLEMENTAL		Bill Number	Administrative Rule Number INS 8.52(4)
Subject small employer health insurance		-	-
One-time Costs or Revenue Impacts for State and/or Lo None	cal Government (do not include in annual	ized fiscal effect):
Annualized Costs:		Annualized Fiscal impac	ct on State funds from:
A. State Costs by Category		Increased Costs	Decreased Costs
State Operations - Salaries and Fringes		\$ 0	\$ -0
(FTE Position Changes)		(0 FTE)	(-0 FTE)
State Operations - Other Costs		0	-0
Local Assistance		0	-0
Aids to Individuals or Organizations		0	-0
TOTAL State Costs by Category		\$ 0	\$ -0
B. State Costs by Source of Funds		Increased Costs	Decreased Costs
GPR		\$ 0	\$ -0
FED		0	-0
PRO/PRS		0	-0
SEG/SEG-S		0	-0
C. State Revenues Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)		Increased Rev.	Decreased Rev.
GPR Taxes		\$ 0	\$ -0
GPR Earned		0	-0
FED		0	-0
PRO/PRS		0	-0
SEG/SEG-S		0	-0
TOTAL State Revenues		\$ 0 None	\$ -0 None
NET ANNU	ALIZED FISCAL II	MPACT	
NET CHANGE IN COSTS \$	<u>STATE</u>	None 0 \$	LOCAL None 0
NET CHANGE IN REVENUES \$		None 0 \$	None 0
Prepared by: Stephen Mueller	Telephone No. (608) 267	7 2022	Agency Insurance
Authorized Signature:	Telephone No.	-2000	Date (mm/dd/ccyy)

Wisconsin Department of Administration Division of Executive Budget and Finance DOA-2048 (R10/2000)

FISCAL ESTIMATE — 2001 Session

X ORIGINAL	UPDATED		LRB Nur	mber	Amendment No. if Applicable			
CORRECTED	SUPPLEMENTAL				Administrative Rule Number INS 8.52(4)			
Subject								
small employer health insurance								
Figure Effect								
Fiscal Effect State: X No State Fiscal E	ffoct							
Check columns below only if bill		riation		☐ Increase Costs	- May be possible to Absorb			
or affects a sum sufficient appro	Budget ☐ Yes ☐ No							
☐ Increase Existing Appropriat		se Existing Revenues		,	· – –			
☐ Decrease Existing Appropria	ition Decre	ase Existing Revenues	3					
☐ Create New Appropriation	☐ Create New Appropriation			☐ Decrease Costs				
Local: X No local governme	ont costs							
Increase Costs	ĺ	ase Revenues		5. Types of Loca	I Governmental Units Affected:			
☐ Permissive ☐ Mandato		☐ Permissive ☐ Mandatory		☐ Towns ☐ Villages ☐ Cities				
2.		ease Revenues	se Revenues		Others			
Permissive Mandato	ry Pe		☐ Mandatory ☐ School District					
Fund Sources Affected			Affected (Chapter 20 Appropi	riations			
☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEG ☐ SEG-S ☐ SEG-S ☐ Assumptions Used in Arriving at Fiscal Estimate								
Accountable Good III / III VIII g at 1 local Estimate								
Long-Range Fiscal Implications								
None								
None								
Prepared by:		Telephone No.			Agency			
Stephen Mueller		(608) 267-	2833		Insurance			
Authorized Signature:		Telephone No.			Date (mm/dd/ccyy)			
		. Siophone 140.			Date (minutational)			